

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/510050

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	2		1				53						
4	1		1				54						
5	1		1				55						
6	2		1				56						
7	1		1				57						
8	1		1				58						
9	1		1				59						
10	2		1				60						
11	1		1				61						
12	1		1				62						
13	1		1				63						
14	1		1				64						
15	1		1				65						
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17	1		1				67						
18	1		1				68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		7										
TOTAL DEP.	18		16										
TOTAL CLAIMS	26		23										